

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		<div>000903</div> <div>RECEIVED EPA/REGION IV JUN 15 1 28 PM '82 ENFORCEMENT DIVISION</div> <div>PLEASE PLACE LABEL IN THIS SPACE</div>		MSD 980 540 353	
I. EPA I.D. NUMBER					
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION				GENERAL INSTRUCTIONS	
				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

II. POLLUTANT CHARACTERISTICS	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.	
SPECIFIC QUESTIONS	MARK 'X' FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	YES NO FORM ATTACHED
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	YES NO FORM ATTACHED
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	YES NO FORM ATTACHED
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	YES NO FORM ATTACHED
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	YES NO FORM ATTACHED
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	YES NO FORM ATTACHED
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	YES NO FORM ATTACHED
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	YES NO FORM ATTACHED
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	YES NO FORM ATTACHED
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	YES NO FORM ATTACHED

III. NAME OF FACILITY	
1 SKIP	Scott Paper Company

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	
2 Brinkerhoff V. W. III Gen. Mgr	
B. PHONE (area code & no.)	

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
3 P O Box 1081	
B. CITY OR TOWN	
4 Hattiesburg	
C. STATE	D. ZIP CODE
MS	39401

VI. FACILITY LOCATION		
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		
5 Industrial Park Airport Road		
B. COUNTY NAME		
Forrest		
C. CITY OR TOWN		
6 Hattiesburg		
D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
MS	39401	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	2	6	4	9	(specify)	Paper Products Converting	7				(specify)								
C. THIRD										D. FOURTH									
7					(specify)		7				(specify)								

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?											
8	S	c	o	t	t	P	a	p	e	r	C	o	m	p	a	n	y	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)											
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)							A	2	1	5	5	2	1	5	0	0	0	
S = STATE	O = OTHER (specify)																				
P = PRIVATE																					
E. STREET OR P.O. BOX																					
S	c	o	t	t	P	l	a	z	a												
F. CITY OR TOWN										G. STATE											
P	h	i	l	a	d	e	l	p	h	i	a	P	A								
										H. ZIP CODE											
										1	9	1	1	3							
										IX. INDIAN LAND											
										Is the facility located on Indian lands?											
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9	N									9	P								
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9	U									9									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9	R									9									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Sanitary Papers Converting

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Robert E. Rodgers Senior Vice President - Operations										<i>RE Rodgers</i>										5.9.81									

COMMENTS FOR OFFICIAL USE ONLY

C																				
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FORM 3 RCRA	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			[Grid for EPA I.D. Number]											

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
[Grid]	[Grid]	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<input checked="" type="checkbox"/> 2. NEW FACILITY (Complete item below.)	FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN	
[Grid]	[Grid]	[Grid]	
B. REVISED APPLICATION (place an "X" below and complete Item I above)		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT	
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS		[Grid]	

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

[Grid for Item III Example]														
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY				FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY				FOR OFFICIAL USE ONLY	
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)						1. AMOUNT	2. UNIT OF MEASURE (enter code)				
X-1	S 0 2	600	G				5							
X-2	T 0 3	20	E				6							
1	S 0 1	1000	G				7							
2							8							
3							9							
4							10							

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY													
<div style="display: flex; justify-content: space-between;"> W T/A C </div>													<div style="display: flex; justify-content: space-between;"> W T/A C </div>													
<div style="display: flex; justify-content: space-between;"> 1 2 13 14 15 </div>													<div style="display: flex; justify-content: space-between;"> 1 2 13 14 15 23 - 26 </div>													
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																										
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	D. PROCESSES																
	23	24	25	26	27	28	29	30		1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))								
1	F	0	0	1	4000				P	S	0	1														
2	D	0	0	1	0				P	S	0	1														
3	D	0	0	2	0				P	S	0	1														
4																										
5																										
6																										
7																										
8																										
9																										
10																										
11																										
12																										
13																										
14																										
15																										
16																										
17																										
18																										
19																										
20																										
21																										
22																										
23																										
24																										
25																										
26																										

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)											
5											
F											6
1	2										

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
	3	1		1	6		0	8	9	1	5

VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER						2. PHONE NO. (area code & no.)					
Scott Paper Company						2 1 5 - 5 2 1 - 5 0 0 0					
3. STREET OR P.O. BOX						4. CITY OR TOWN					
Scott Plaza						Philadelphia					
5. ST.						6. ZIP CODE					
PA						1 9 1 1 3					

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Robert E. Rodgers Senior Vice President - Operations	<i>Robert E. Rodgers</i>	5.9.81

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

AIRPORT ROAD

HATTIESBURG INDL. PARK ACCESS ROAD

ILLINOIS CENTRAL GULF RAILROAD

DEPRIEST'S CREEK

N 41° 54' E 520.2'

S 48° 06' E 80.6'

N 48° 06' W 15.6'

S 64° 04' W 916.7'

S 25° 21' E 1876'

N 43° 00' W 179.3'

N 43° 00' W 361.14'

D=1.832°

D=2.9235°

1320.36'

200'

55'

360'

360'

40'

146'

210'

125.9'

SECTION 35/36

SECTION 36/36

H.W.M. DRUM STORAGE AREA 21 1/2' x 23'

NORTH ARROW

PAGE 5 OF 5

RCRA MAINTENANCE FORM

FACILITY NAME

Scott Paper Co

ID #

MSD 980540355

F1 Notif. approval

Date notified

Permit app. approved

Date Part A r'cd

Facility name

Notif. confidential

Part A confidential

Closure date

F2 Contact name & pos.

Contact tele. #

Modif. under const.

Commercial fac. indic.

Non-reg. fac. indicator

F3 Mailing address

F4 Mailing city

State

Zip

F5 Facility address

County name

F6 Facility city

County code

Drawings

State

Zip

Photos

District code

River Basin code

Latitude

Longitude

F7 SIC

NEW SIC

F8 Facility operator name

Owner type

Activity codes: Gen

Trans

TSD

UIC

Transport mode: Air

Rail

Hwy

Water

Other

Owner/Oper ind.

Facility status

RCRA permit stat

Existence date

F9

Type

Permit number

Type

New permit number

F0 Date acknowledgement sent: Notification _____
Int. status _____ Int. status 2 _____

FA Operator tele. # _____ Street _____
FB City _____ State _____ Zip _____ Indian land _____

FC Comment # _____ Comment _____

FE Facility owner _____ Tele # _____

FF Owner street _____

FG Owner city _____ State _____ Zip _____

C1	Process code	Amount	Unit	New Code	Amount	Unit
	501			8		

W1	Waste Seq #	Waste Code	Waste Amount	Unit	New Waste	New Amount	New Unit

W2	Waste Seq #	Waste Code	Process	Change Process



MISSISSIPPI DEPARTMENT OF NATURAL RESOURCES
Bureau of Pollution Control
P. O. Box 10385
Jackson, Mississippi 39209
(601) 961-5171



September 16, 1982

Mr. V. W. Brinkerhoff, III
General Manager
Scott Paper Company
P. O. Box 1081
Hattiesburg, Mississippi 39401

Dear Mr. Brinkerhoff:

On September 10, 1982, a visit was made to your plant to determine its status concerning hazardous waste. As a result of this visit with Steven Grant of your staff, we concur with your letter of August 23, requesting retraction of your Part A application. Scott Paper Company will be removed from our list of hazardous waste treatment, storage, and disposal facilities.

Since at the present time no hazardous waste is generated but the possibility exists when ink stamping operations begin, your EPA ID number will be maintained. At which time you do become a generator, compliance with the Part 262, Generator Standards of the Mississippi Hazardous Waste Regulations, is required.

Please contact us at any time you need assistance.

Sincerely,

Cindy Rich

Cindy Rich
Division of Solid Waste Management

CR:hdb

cc: Mr. James H. Scarbrough, Environmental Protection Agency, Region IV

44-38861-100



MISSISSIPPI DEPARTMENT OF NATURAL RESOURCES
Bureau of Pollution Control
P. O. Box 10385
Jackson, Mississippi 39209
(601) 961-5171



May 1, 1984

Mr. V. W. Brinkerhoff, III
Scott Paper Company
P. O. Box 1081
Hattiesburg, Mississippi 39401

Dear Mr. Brinkerhoff:

Re: MSD980540355

On April 24, 1984, the Pollution Control Permit Board formally terminated interim status under the Resource Conservation and Recovery Act for your facility. This action was taken subsequent to the proposed intent to withdraw interim status publicly advertised at an earlier date.

Please feel free to contact me if you have any questions on this matter.

Sincerely,

David E. Lee, P. E.
Coordinator, Hazardous Waste Section

DEL:cu

cc: Mr. James H. Scarbrough, EPA-Region IV

← THIS COPY FOR

Part A, Permit Process --- Internal Checklist

ID Number MSD Inst Name SCOTT PAPER CO.

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prmlg Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<u>PK</u>	___	
3	Form 1 received?	<u>PK</u>	___	
1	Form 3 received?	<u>PK</u>	<u>PK</u>	
1 & 3	Postmarked on or before November 19, 1980?	<u>PK</u>	<u>PK</u>	<u>6-15-81</u>
3	Date of operation entered?	<u>PK</u>	<u>PK</u>	
3	Date of operation on or before November 19, 1980?	<u>PK</u>	<u>PK</u>	___
Notif. record	Notifier?	<u>PK</u>	<u>PK</u>	
"	Notified on or before August 18, 1980?	<u>PK</u>	<u>X</u>	<u>15 June 8</u>
1	Form 1, XIII B signed?	<u>PK</u>	___	
3	Form 3, IX B Signed?	<u>PK</u>	___	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: _____)

PHASE TWO

1	Unsure if regulated or non-regulated?	___	___
3	New facility?	___	___
1 & 3	Core items missing? If Yes, indicate which items:		
	Facility name___; location___; mail address___; operator info___;		
	certification___; process info___; waste info___; owner___; sigs___.		

PHASE THREE

1 & 3	Non-core items missing? If Yes, indicate which items:
	Maps___; photos___; drawings___; lat/long___.
	Other observations and comments:

Log out/Log in
on reverse side.

RECEIVED
EPA/REGION IV
JUN 15 12 PM '81
ENFORCEMENT
DIVISION

000
005

Received Date Stamp

(Stamp forms also)

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

000906

PLEASE PLACE LABEL IN THIS SPACE
EPA/REGION IV

JUN 15 1 22 PM '81

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
INSTALLATION'S EPA I.D. NUMBER															APPROVED										DATE RECEIVED (yr., mo., & day)																																																												
F M S D 9 8 0 5 4 0 3 5 5 2 1																									8 1 0 6 1 5																																																												

I. NAME OF INSTALLATION

S c o t t P a p e r C o m p a n y

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O B o x 1 0 8 1

CITY OR TOWN

4 H a t t i e s b u r g

ST.

ZIP CODE

M S 3 9 4 0 1

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 I n d u s t r i a l P a r k A i r p o r t R o a d

CITY OR TOWN

6 H a t t i e s b u r g

ST.

ZIP CODE

M S 3 9 4 0 1

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 B r i n k e r h o f f V . W . I I I G e n . M g r 2 1 5 - 5 2 1 - 5 0 0 0 P.K.

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 S c o t t P a p e r C o m p a n y

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

S	WMSD9805403552	WJA	C
1	2	13	14 15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 1					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
V. W. Brinkerhoff, III	V. W. Brinkerhoff, III General Manager	5/7/81



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MSD980540355

SCOTT PAPER COMPANY
PO BOX 1081
HATTIESBURG

MS 39401

INSTALLATION ADDRESS

INDUSTRIAL PARK AIRPORT RD
HATTIESBURG MS 39401

NICHOLAS J. LARDIERI
Staff Vice President
Environmental Resources

May 13, 1981

RECEIVED

MAY 13 '81

ON SWAN GVE
CS

Mr. David Lee
Division of Solid Waste Management
Bureau of Environmental Health
Mississippi State Board of Health
P. O. Box 1700
Jackson, MI 39205

Re: Hazardous Waste Storage Facility,
Hattiesburg Plant

Dear Mr. Lee:

Attached are a Hazardous Waste Notification and Part A of the Hazardous Waste Permit Application for a small Hazardous Waste Drum Storage Area at our Hattiesburg Plant currently under construction. It is our understanding that this is the only requirement at this time for this particular facility and that you would be requesting any additional information required to process the permit.

Please forward us an EPA Identification Number, along with any required authorization to construct the facility as detailed in the application.

Please call this office if you need additional information or clarification of the material submitted.

Sincerely,

Nicholas J. Lardieri

NJL/sfi
Attachment

[illegible]

IN CONFORMANCE WITH NATIONAL MAP ACCURACY STANDARDS
BY U.S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 20092

AMS 3146 IV SE--SERIES Vol 1

CONTIGUOUS INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

REV.	NO.	ZONE	DESCRIPTION	NOTICE NO.	DATE	BY	CHECKED & APPROVED
			THIS DRAWING, THE EXCLUSIVE PROPERTY OF SCOTT PAPER COMPANY, IS CONFIDENTIAL, TO BE USED ONLY FOR THE PURPOSE FOR WHICH LOANED AND RETURNED ON REQUEST, AND IS NOT TO BE COPIED OR REPRODUCED.				
			PLANT DIVISION	SCOTT PAPER COMPANY			
			INSTALLATION	ENGR. ADDRESS	PHILA.	PA	
			DBPC	FOOD SERVICE FACILITY			
			ASSEMBLY				
BY: V. DALY DATE: 3-24-81							
NEXT ASSEMBLY							
1. ALL ENGR. CHANGES SPECIFIED							

